

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	03	10303	4/26/00
O.I.P.E. CLASSIFIER	49		
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	MB	10303	6-13

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
1	7	11	
2	30	24	7-1
3	25	22	7-1
4	22	02	09/03
5	1	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	0	✓	✓
12	0	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	0	0	0
19	0	0	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	0	0	✓
25	0	0	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	0	0	✓
31	0	0	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	0
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	0	✓	✓
47	0	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	0	0	0
54	0	0	✓
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
58	✓	✓	✓
59	✓	✓	✓
60	✓	✓	✓
61	✓	✓	✓
62	✓	✓	✓
63	✓	✓	✓
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66	✓	✓	✓
67	✓	✓	✓
68	✓	✓	✓
69	✓	✓	✓
70	✓	0	✓
71	✓	✓	✓
72	✓	✓	✓
73	✓	✓	✓
74	✓	✓	✓
75	✓	✓	✓
76	✓	✓	✓
77	✓	✓	✓
78	✓	✓	✓
79	✓	✓	✓
80	✓	✓	✓
81	✓	✓	✓
82	✓	✓	✓
83	✓	✓	✓
84	0	0	✓
85	✓	✓	✓
86	✓	✓	✓
87	✓	✓	✓
88	✓	✓	✓
89	✓	✓	✓
90	✓	✓	✓
91	✓	✓	✓
92	0	0	✓
93	0	0	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy